

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10762	2 Fiscal Year Covered From 01/01/05 Through 12/31/05
3 Name and address of person filing Name Steven Faye P.O. Box Bldg Room No. If any Street 5527 Bonaventure Dr City Columbus State Ohio ZIP Code + 4 43228	4 Name file number and address of labor organization Name Roofers Local 86 Labor Organization File Number 039-559 P.O. Box Building and Room Number If any Street 37 1/2 W Second Ave City Columbus State Ohio ZIP Code + 4 43201 +
5 Position in labor organization PRESIDENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name If any P.O. Box Bldg Room No. If any Street City State ZIP Code + 4	7.a Nature of Interest, Transaction or Income 7.b Amount

Signature

16 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Steven Faye	On 4-9-06 1-330-559-3526 Date Telephone Number

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
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<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>11.b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <i>Roofers Local 86 Pension Fund</i></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <i>77 W Elmwood Dr, Suite 106</i></p> <p>City <i>Centerville</i></p> <p>State <i>Ohio</i> ZIP Code + 4 <i>45459</i></p>	<p>14.a Nature of payment.</p> <p><i>Lost Wages</i></p>
<p>13.b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p><i>\$ 555 84</i></p>

ROOFERS LOCAL NO. 86 PENSION FUND

77 W ELMWOOD DRIVE, SUITE 106
CENTERVILLE, OHIO 45459
937-436-0027
800-778-4680

To Steven Frye, Sr -- Roofers Local No 86 Pension Fund
From Larry A. Smith, Administrative Manager
Re Expense Reporting for the Form LM-30
Date March 21, 2006

Steve

As you are aware, the Department of Labor has a new requirement for the reporting of payments from ERISA Funds such as the Roofers Local No 86 Pension Fund to any person(s) that are employees or officers of a Union. The individual is responsible for the filing of a *FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT*

This form is to be filed for expenditures by the Trust Fund to or on behalf of any Union employee or officer paid in the year 2005 and must be completed by you and filed by May 15, 2006 and mailed to the following address

U S Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington DC 20210

The amount (s) and explanation of the payments that you need to report are as follows

Date(s)	Amount	Reason for Payment	Method of Payment
03/04/05	\$185 28	Reimbursement for Lost Wages	Check
06/01/05	\$185 28	Reimbursement for Lost Wages	Check
11/09/05	\$185 28	Reimbursement for Lost Wages	Check

Enclosed for your reference is a copy of a Form LM-30 If you have any questions on this matter, please contact our office

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